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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Centennial Holdings Treasure Coast, LLC				
(Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Frank D. Gonzalez, Esq. (Name of Person)				
The Children's Home Society of (Firm/Company)	Florida			
1485 S. Semoran Blvd., Suite 144	18			
(Address)				
Winter Park, Florida 3792				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Frank D. Gonzalez, Esq.	at (321) 397-3000 Ext. 298			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the followi	ing amount:			
\$25 Filing Fee				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is: C	entennial Holdings (Treasur	e Coast), LLC	
2. The mailing address of	the limited liability comp	any is : 1485 S. Semoran	Blvd., Suite 1448,	
Winter Park, Florida 3279	92			
May 11, 2005		L05000047175		
3. Date of filing/registration	on in Florida	4. Document nu	mber	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
•	AM&E Services, LL	C	ALC: SEC.	
	- ···	ame	SRET CREET	
	605 E. Robinson Stre		15 AM II: 05 TARY OF STATE ASSEE, FLORID	
		dress	SEE OF THE	
	Orlando, Florida 3280	1 te and Zip	平 三	
	• •	•	of A	
6. The name and address o	of the new registered agen	t and/or office:		
	The Children's Home	Society of Florida		
	Nan			
-	1485 S. Semoran Blvc			
	Florida street address (P	O. Box NOT acceptable)		
	Winter Park, F	L 32801		
	City, State	and Zip		
If the limited liability com confirmed that after the ch and the business office of t liability company, it is here of the members of the lim or the operating agreement	ange or changes are made the registered agent will b eby confirmed that the ch ited liability company or a	, the Florida street address e identical. Or, in the case ange(s) was/were authorize as otherwise provided in th	of the registered office of a Florida limited ed by an affirmative vote	
_ Dird	a-Part			
(Signature of a member or authoriz	zed representative of Linember)			
David A. Bundy/Preside	ent-CEO			
(Printed or typed name of signee)				
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, thereby confirm t	ntment as registered agens s of all statules relative to l accept the obligations of his document is being filed that the simited liability co	t and agree to act in this co the proper and complete p my position as registered I to merely reflect a change Impany has been notified it	ipacity. I further agree to erformance of my duties, agent as provided for in in the registered office n writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)